WR:jam 04/14/05 4239-61380-01 374736

Attorney Reference Number 4239-61380-0

## N THE UNITED STATES PATENT AND TRADEMARK OFFICE

ation of: Nouri Neamati et al.

**Application No.:** 10/009,210 Filed: November 9, 2001

Confirmation No.: 5557

THIAZEPINE INHIBITORS OF HIV-1 For:

**INTEGRASE** 

Examiner: Bruck Kifle

Art Unit: 1624

Attorney Reference No.: 4239-61380-01

MAIL STOP AMENDMENT COMMISSIONER FOR PATENTS P.O. BOX 1450 **ALEXANDRIA, VA 22313-1450** 

## **CERTIFICATE OF MAILING**

I hereby certify that this paper and the documents referred to as being attached or enclosed herewith are being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: MAIL STOP AMENDMENT, COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450 on the date shown below.

for Applicant(s

Date Mailed April 14, 2005

## TRANSMITTAL LETTER

Enclosed is a Supplemental Amendment for the above application. The fee has been calculated as shown below.

CLAIMS AS AMENDED							
For	No. after amendment	No. paid for previously		Present Extra	Rate	Fee	
Total Claims	22	- 45*	=	0	\$50.00	\$	0.00
Indep. Claims	8	12**	=	0	\$200.00	\$	0.00
Mult. Dep. Claims Fee (if not previously paid)					\$360.00		
One-month Extension of Time \$					\$120.00		
Two-month Extension of Time \$450.00							
Three-month Extension of Time \$1,020.00							<u> </u>
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$	0.00

<sup>\*</sup> greater of twenty or number for which fee has been paid.

A Supplemental Information Disclosure Statement, a PTO-1449 Form and copies of X references listed thereon are enclosed. Also enclosed is the fee of \$180.00 for submission of the Information Disclosure Statement.

A check in the amount of \$180.00 is attached for payment of the Information Disclosure  $\boxtimes$ 

<sup>\*\*</sup> greater of three or number for which fee has been paid.

Statement fee.

- Please charge any additional fees that may be required in connection with filing this amendment and any extension of time, or credit any overpayment, to Deposit Account No. 02-4550. A copy of this sheet is enclosed.
- Please return the enclosed postcard to confirm that the items listed above have been received.

Respectfully submitted,

KLARQUIST SPARKMAN, LLP

By

Wayne W. Ruper

Registration No. 34,420

One World Trade Center, Suite 1600 121 S.W. Salmon Street Portland, Oregon 97204

Telephone: (503) 226-7391 Facsimile: (503) 228-9446

cc: Docketing